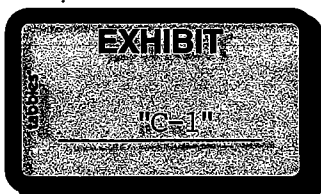


## NURSES NOTES

~~"D" "B" "B" "D"~~

DATE	TIME	
8-21-03		to cell Block to evaluate damage after confrontation refused medical care
	2200	back to evaluate damage, cont. to refuse medical eval.
8-22-03	1900	to cell block to evaluate, refuses med eval
11-8-02	135A	Called to Block earlier to assess male inmate. Observed Small abrasion (0.5" x 0.5") to (R) temple, (R) scapula has 1" x 0.5" scrape, (R) iliac crest 1" x 1.5" abrasion. Reported "I also have large knot to back of head" Nurse checked scalp location 3" x 2.5" raised area to upper nape (occipital) area. Further stated, "on scale of 1-10, my pain is at "3" and I have pain on (L) back side of my neck; eyes checked and presented PEARL. Commented that he was in an upset carline with "the officers" will monitor inmate and Pass Report to 7-3 nurse.
11-8-02	7A	Nurse went to cell Block & 7-3 nurse, inmate to be assessed. Raised area to back of head greatly decreased, P.S. distress re "no pain at this time"
Armstrong J. K night inmate 5/2/8		
INITIAL	SIGNATURE	INITIAL SIGNATURE
P	Patricia R. W.	KOL K. Jones R.
NAME - LAST	FIRST	MIDDLE
Ingre	Armstrong J.	
		AKS#
		233685

NC-006



NURSES NOTES

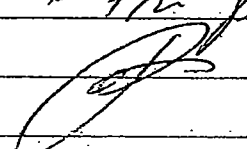
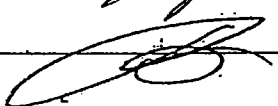
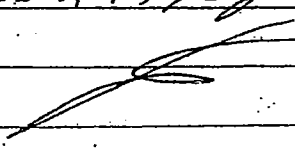
0010

- NAPHCARE  
NURSES NOTES

DATE	TIME				
8-21-02		To cell block to evaluate, detainee after confrontation refused medical care. <span style="float:right">KOR</span>			
	2200	back to evaluate detainee, cont. to refuse medical care. <span style="float:right">KOR</span>			
8-22-02	1900	To cell block to evaluate, refuses med eval. <span style="float:right">KOR</span>			
11-8-02	135A	Called to block earlier to assess male inmate. Observed small abrasion (0.5" x 0.5") to (R) temple, (R) scapula has 1" x 0.5" scrape, (R) iliac crest 1" x 1.5" abrasion. Reported "I also have large knot to back of head." Nurse checked scalp location 3" x 2.5" raised area to upper nape (occipital) area. Further stated, "on scale of 1-10, my pain is at '3' and I have pain on (L) back side of my neck; eyes checked and presented PEARL. Commented that he was in an upset carcase with 'the officers' will monitor inmate and pass report to 7-3 nurse. <span style="float:right">Patricia R. H.</span>			
11-8-02	7A	Nurse went to cell block = 7-3 nurse, inmate to be assessed. Raised area to back of head greatly increased, & s/s distress re 'no pain' at this time. <span style="float:right">Patricia R. H.</span>			
11-18-02		10:190 BP 102/60 to see Dr. Compton. re. <span style="float:right">KOR</span>			
		HA / neck pain (distal pain) (span n)			
12-6-02		Seen at block - (R) hand swollen over top of knuckles, no bruising noted. Inmate stated he was in a fight earlier today 104/60-72-110. One applied - (span n) Dr. inmate if cont. to be swollen to nothing medical for further tx. <span style="float:right">KOR</span>			
12-11-02	1329	Here to see MD for multiple pains. BP 124/80 P- 78, R-18, A-18, wt-190. <span style="float:right">Patricia R. H.</span>			
INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE
P	Patricia R. H.			KOR	K. Jones R.
NAME - LAST			FIRST	MIDDLE	AI#
Hugre			Amstrong J.		233685

NYC-006

Physician's  
Progress Notes

Date	Time	Notes Must Be Signed By Physician
11/19/02		He's c/o postero-neck pain that he attributes to an auto-sub ~ 10-12 days ago. Presents w/ Asthma (Prescribed) Loraz - CTO CV - normal neck - RT; w/ ROM (1) Neck pain - Myofascial S/D - the pain 
12/11/02		He's c/o diffuse "pain" including his posterior neck, C4-C6/UB/LB; @ the neck. neck - RT/ML ROM @ UB/LB - uncomfortable Pain - N/A Pain 
		Admission @ mid @ hand pain to which he is responsive ie @ old fx - mark @ NLRom @ ie pain + the pain 

0013

Name - Last

Knight

First

Armstrong

Middle

Inmate No.

233685

NAPHCARE

## HEALTH SERVICES REQUEST FORM

Print Name: ARMSTRONG J KNIGHT Date of Request: 11/7/02ID#: 233685 Date of Birth: 5/27/62 Housing Location: B-E

Nature of problem or request: I Am Still Having serious pain's  
In my Head And Neck Now Back And Wrist  
I Have Ben Having The Wrist And Back Pain's For  
Over 2 weeks Held Off Writing This Thought I would  
Wear Off Please Help Need Med ATT.

ARMSTRONG J. KNIGHT  
 Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
 DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

## HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

Assessment: no pain in wrist back head and neck.Plan: md sick callRefer to: ☒ PA/Physician ☐ Mental Health ☐ DentalSignature: [Signature] Title: LPA Date: \_\_\_\_\_ Time: \_\_\_\_\_

NAPHCARE  
HEALTH SERVICES REQUEST FORM

Print Name: ARMSTRONG J KNIGHT Date of Request: 11/10/02  
ID#: 233685 Date of Birth: 5/27/88 Housing Location: B-D-RC

Nature of problem or request: I AM HAVING SOME SERIOUS NECK  
PAIN'S I CANT BEND MY NECK DOWN TO WRITE U MORE THAN  
5 TO 10 MIN WITHOUT MUCH PAIN'S I FOR THE LAST 2 DAYS BE  
WAICING UP FROM HEADACHE'S THAT LAST A LONG TIME  
IT'S HARD TO CONCENTRATE ON READING ECT: PLEASE AND  
ARMSTRONG J KNIGHT THANK YOU.  
Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

Assessment:

Plan:

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

0015

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_